

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U. <u>8770</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>James</u> <u>W</u> <u>Wilkinson</u> P.O. Box Bldg Room No. if any _____ Street <u>1233 Shelby St</u> City <u>Indianapolis</u> State <u>Indiana</u> ZIP Code + 4 <u>46203</u>	4 Name, file number and address of labor organization Name <u>Teamsters Local Union No 135</u> Labor Organization File Number <u>009-836</u> P.O. Box Building and Room Number if any _____ Street <u>1233 Shelby St</u> City <u>Indianapolis</u> State <u>Indiana</u> ZIP Code + 4 <u>46203</u>
5 Position in labor organization <u>Business Agent</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P.O. Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a Nature of Interest, Transaction, or Income _____  7.b Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

James W Wilkinson

On

3-29-06  
Date

317-634-3541  
Telephone Number

Name of Person Filing James Wilkinson

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 

## 9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9.b or 9.c is checked give trust or employer's name

Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 

## 11 a Nature of such dealing

11 b Approximate dollar value of such dealing 

## 12 a Nature of interest held or income received

12.b Amount 

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name  Indiana Teamsters Pension FundTrade Name if any P O Box Bldg Room No if any Street  1233 Shelby StCity  IndianapolisState  Indiana ZIP Code + 4  46203

## 14.a Nature of payment

In my position as Trustee of the Pension fund the Fund reimbursed my expenses to attend the I F S B P Foundation annual meeting in February 2005

13 b Is the Business an Employer ☒ or Consultant ☐ ?

## 14 b Amount of payment

 \$2 689

## Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Indiana Teamsters Pension Fund

Trade Name if any

P O Box Bldg Room No if any

Street 1233 Shelby St

City Indianapolis

State Indiana ZIP Code + 4 46203

14 a Nature of payment

In my position as Trustee the Fund paid my expenses to attend Trustee meeting in June, 2005

13.b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$144

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Indiana Teamsters Pension Fund

Trade Name if any

P O Box Bldg Room No if any

Street 1233 Shelby st

City Indianapolis

State Indiana ZIP Code + 4 46203

14 a Nature of payment.

In my position as Trustee of the fund the Fund paid my expenses to attend the I F E B P Foundation annual meeting in November 2005

13.b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$3 148

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment